



NHS BLACKBURN WITH DARWEN CARE TRUST PLUS

COMMUNITY VOLUNTEER INTERPRETER PROJECT

SUMMARY

This project was set up in June 2010 to develop a team of volunteer interpreters from the Blackburn with Darwen community, who could offer interpretation in multiple languages over a 12 month period. It was also created in order to support the 3 Community Development Workers (CDWs) in developing their project management skills with mentorship from the Equality Manager who has supported them through the design, development and delivery phases.

It arose from work that was carried out with the Northwest Procurement Hub, which identified that many NHS services relied on receptionists and family members to act as interpreters, which wasn't always ideal with regards time constraints and confidentiality. Also,

Public Health commissioned research identified language

support as a key need within all of Blackburn with Darwen's communities. As well as this a GP Commissioning Audit demonstrated that most GP surgeries did not have dedicated interpreters, and Community Links research amongst carers showed a lack of language support for them as well.

KEY OUTCOMES

- 14 community volunteers have been placed within various NHS organisations throughout Blackburn with Darwen which range from the Trust itself to GP surgeries and pharmacies. 11 of these volunteers were trained directly through the scheme and the other 3 joined independently having already undertaken training themselves. 4 of the volunteers came from within the

Trust including 3 administrators and 1 Community Development Worker.

- The diversity of volunteers is wide and well balanced; all coming from a Black minority or Ethnic (BME) background with a good ratio of male to female volunteers, fully representing the community. Between them the volunteers can speak a large range of languages with many individuals able to interpret several languages at once. (see appendix I)
- The project has been evaluated using equality impact assessments to ensure that it is being run in a fair and equal way and will be used as evidence in the Trust's Equality Performance Improvement Toolkit (EPIT) Return in June 2011. (See appendix II)
- Positive promotion within the community has given the Trust and the NHS a more positive image which has encouraged more people to access services. There are no statistics available as yet but it has given practitioners more reassurance in Interpretation Services especially in Mindcare.





GOOD PRACTICE CASE STUDY



North West

- The project has had a positive social impact, particularly for the volunteers themselves who have gained a qualification and invaluable experience which makes them more employable. They are also given support in regards to developing their CVs and are put in contact with Youth Action for further support. It is still early but all the potential volunteers who are currently unemployed have been exploring opportunities to employment.
- Whilst not replacing interpreters, NHS organisations enjoy a cost saving of £29 each time a volunteer is used as opposed to paying an interpreter

BACKGROUND

NHS Blackburn with Darwen Teaching Care Trust Plus serves a population of around 165,000 people and is responsible for providing primary and community health services and commissioning a full range of hospital services for local people. Its catchment area has a large BME community with 27-29% of the population from the South Asian community and many others coming from Indian, Pakistani, Bangladeshi Kurdish, Korean Chinese and Eastern European backgrounds. It also has a high number of asylum seekers who often have serious health issues.



PURPOSE

- Offer face- to-face interpreting for 'high volume' as well as very minority languages in Blackburn with Darwen such as; Urdu, Gujarati, Sikh, Punjabi, Pakistani, Punjabi, Bengali, Polish, Farsi, Arabic, Tamil, Italian, Albanian, Mandarin, Cantonese, Somali
- Enhance patient/service user experience by helping local NHS organisations to offer a flexible, responsive and more comprehensive language support service to the community in a way that can be tailored to individual's personal circumstances. Part of this is enabling confidential and non-judgemental interpretation to be offered to patients with sensitive issues, such as those requiring psychosexual therapy. This is not often possible through traditional services, where interpreters may have religious reasons for not partaking in this.
- Reduce the volume of missed appointments that result from interpreters being unavailable. This prevents further health deterioration amongst the community and reduces admin costs.
- Develop a framework for future development of this project
- Develop a framework for the recruitment and support of volunteers in general within the Trust, through the creation of a volunteering policy and handbook.
- Support unemployed members of the community back into work by helping them to gain a level 3 qualification and 12 months work experience. This also helps lead to positive mental and physical health
- Provide Community Development Workers with invaluable project management skills which will contribute to their own personal development

- Raise awareness and promote the positive work of Blackburn with Darwen Teaching Care Trust and the NHS in general within the local community
- Strengthen local partnerships e.g. Workforce Development Team, Blackburn with Darwen Borough Council, Youth Action, Volunteer centre

KEY STAGES OF SET-UP

- The project began with a planning phase in June 2010.
- This was followed by the creation of a volunteering policy and agreement. A handbook and induction pack were also developed at this time to support volunteers as the Trust did not have any previous such policy or documents in place (See appendix IV and VI)
- Recruitment was undertaken from June 2010 to September 2010 at three recruitment events at Audley Neighbourhood Learning Centre, Bangor Street Community Centre and Darwen Resource Centre. Promotion of the scheme was done through one to one engagement/outreach within communities highlighting the benefits as well as ensuring continuous project awareness at forums and community groups.
- Training began in October 2010 and ran until December 2010. WEA –Workers Educational Association conducted the Level 3 Accredited community Interpretation course. The course also incorporated an English level 2 test in order to establish the adequate level needed to become a Community Interpreter.
- Inductions were then held on 17th December 2010 and roll out of volunteers to various NHS services began in January 2011. (See appendix 2)



GOOD PRACTICE CASE STUDY

HOW IT WORKS

Volunteers were chosen based upon life experience and language skills rather than upon formal qualifications. The only stipulation was that they were able to speak and read English at a level 3 or above.

Following recruitment the volunteers were then put through a 3 months training programme that resulted in their attainment of a Level 3 Qualification in Community Interpreting. This provided them with the skills necessary to conduct face-to-face interpretive services within a healthcare setting. Whilst training, participants needed to volunteer order to build up the necessary experience, thus putting in place interpretive services prior to the project reaching the next stage. This was followed by a little celebratory event to reward participants for all their hard work and to incentivise them to continue with their volunteering.

Once trained the volunteers signed an agreement and underwent a full day induction that involved mandatory

training needed to volunteer for NHS Blackburn with Darwen. (See appendix III) They were then provided with a volunteer pack ready to start work before being placed in NHS organisations, according to how many hours they were able to devote and where.

The volunteers are placed in GP Surgeries, the Psychosexual Health Service and the Intermediate Care Service. They are predominantly involved in interpreting around assessments carried out by the clinician and in consenting to treatment, so that the patient is able to give informed consent. It's still early days but there appears to be the range of interpreting they are being involved in. The 3 volunteers placed within the Psychosexual Health Service will be given a service specific induction with the lead therapist, before being allowed to interpret in this field, to ensure that they understand the very specific terminology as it is a very sensitive area.

The service managers at the NHS organisations involved are coached on how to work around the volunteers, as opposed to vice versa. For example, running clinics for certain groups of patients when volunteers are available.

In order to ensure that volunteers are supported as much as possible in their development, NHS Blackburn with Darwen works in close partnership with organisations such as Mindcare, Lancashire Care Foundation Trust, Volunteer Centre, Larkhill, Rochdale PCT, Oldham PCT and Lancashire Care Youth Project. These organisations help the volunteers to develop their CVs and learn invaluable skills that will help make them become more employable. Further qualifications are also open to the participants who may go on to study Level 4 in Community Interpreting at University of Central Lancashire which will allow them to volunteer/work within Courts.

RESOURCES

The Trust provided funding for the following:

ITEM	DETAILS / BREAKDOWN	COSTS(£)
Level 3 National Qualification in Community in Community Interpreting	£180 per person plus £45 accreditation fee per person X 15 learners.	3375.00
Venue Audley Learning Centre Re: Open day, Volunteer Recruitment	£70 per day	70.00
Venue Audley Learning Centre Re: Delivery	£35 per day X 12 sessions	420.00
Refreshments i.e. Tea, Coffee and Biscuits	£0.70 X 15 learners plus 1 tutor X 13 (inc. recruitment day)	145.60
Transportation Costs (course only)	£3.50 per day X 15 learners X 14 days (inc recruitment day & mandatory training)	735.00
Transportation Costs for volun- teers for 12 months	£3.50 per day X 15 learners X 52 weeks	2730.00
Administration Costs Contingency Costs		2524.40
	Total Costs of Project	£10,000

- Volunteer packs, containing folders and pens, were put together to aid the volunteers in their new roles. It was cheaper to procure these products from local stationers than from NHS supply chain, so petty cash was used in this instance. Buying from the local community also helps support it further.
- Enhanced CRB checks were needed for each volunteer. These would normally cost £41 per person but as the checks were for volunteers they were provided free of charge.

KEY CHALLENGES

- **Recruitment** – This began during Ramadan, making it more difficult to recruit volunteers. Also, there was a very small space of time in which to do this. Therefore to ensure a good response rate the team did one to one engagement/outreach with communities and continuous project awareness at forums, community groups and other professional networks on top of three recruitment events at Audley Neighbourhood Learning Centre, Bangor Street Community Centre and Darwen Resource Centre.
- **Employment Rights** – It was a challenge to create a job description for volunteers that did not give them employment rights, which is something that the JNNC (staff side) were concerned about. This was managed by working with third sector organisations that have experience of doing this, as well as seeking legal advice. Having regular consultations with staff side to maintain their support and engagement was also important.
- **Creating volunteering policy** – Drawing up a volunteering policy for the Trust was a huge hurdle, as nothing previously existed upon which to base it. Therefore the team sought advice from the HR department at Heywood, Middleton and Rochdale, who have created their own policy
- **Policy Ratification** – this took a long time due to large organisational changes so the policy was agreed in principle, prior to formal Board sign-off, to allow progress to be made in the meantime. Also, drafting this whilst simultaneously running the project allowed deadlines to be built in which helped speed up the process to a degree.
- **HR Support** – Gaining the support of HR was difficult, but continual negotiations were of benefit in this process as was highlighting the strategic advantages to the Dept. Forming a Project steering group that comprised of members of several department including HR also benefitted this.
- **High Volunteer Turnover** – The risk of investing time and money in volunteers who then might not partake in volunteering was counteracted in a number of ways. Firstly volunteers were asked to put down a deposit of £100 if they were working or £50 in instalments if they were on benefits. This was fully refundable upon completion of the course.

KEY LEARNING

- This project was a huge learning curve for the Community Development workers who not only learnt how to manage a project of this scale but also the skills necessary to create Trust wide policies invaluable negotiation skills.
- In order to create policies, job descriptions or other such documents it is wise to seek counsel from others who have created similar documents and also legal advice where appropriate.

NEXT STEPS

- An evaluation was carried out at the induction phase and another one will be carried out imminently to judge the effectiveness of the project. This will be based upon the volunteers' opinions in regards to the NHS and their own health and happiness now as compared to before they took part in the project.

- Based upon the outcome of the evaluation a decision will be made upon whether or not to run the project again within the Trust and possibly even at a national level
- The team will apply for HSJ and other awards to gain recognition for the project and help to support it with further development.
- The infrastructure that was created for this project, including the policy, agreement and handbook can be used with other volunteering opportunities within the Trust

SUPPORTING MATERIAL

The following resources are available as an appendix to this case study

- Appendix I** – Languages spoken by volunteers
- Appendix II** – Impact Assessment for the project
- Appendix III** – Induction Day Programme
- Appendix IV** – Volunteering Policy
- Appendix V** – Interpreter Role Outline
- Appendix VI** – Volunteer Agreement
- Appendix VII** – Application Form
- Appendix VIII** – Volunteer Handbook

CONTACT FOR
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